

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

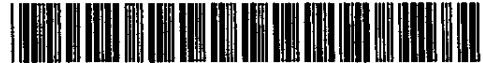
**FILED**  
**Apr 13, 2004 8:00 am**  
**Secretary of State**

04-13-2004 90332 006 \*\*\*\*50.00

|                                            |                                                                                   |
|--------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # L03000044937</b>             |  |
| 1. Entity Name<br>APOLLO BEACH BEEF'S, LLC |                                                                                   |

|                                                                                  |                                                                      |
|----------------------------------------------------------------------------------|----------------------------------------------------------------------|
| Principal Place of Business<br>5510 WEST LASALLE ST., NO. 200<br>TAMPA, FL 33602 | Mailing Address<br>5510 WEST LASALLE ST., NO. 200<br>TAMPA, FL 33602 |
|----------------------------------------------------------------------------------|----------------------------------------------------------------------|

24040040



|                                |                     |                    |              |
|--------------------------------|---------------------|--------------------|--------------|
| 2. Principal Place of Business |                     | 3. Mailing Address |              |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. | City & State       | City & State |
| City & State                   | City & State        | Zip                | Country      |

03242004 Chg-LLC CR2E083 (10/03)

4. FEI Number 20-0402499 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

|                                                                                                                                                |  |
|------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent<br>BEYER, DAVID A<br>C/O PIPER RUDNICK LLP<br>101 E KENNEDY BLVD, STE. 2000<br>TAMPA, FL 33602 |  |
|------------------------------------------------------------------------------------------------------------------------------------------------|--|

7. Name and Address of New Registered Agent

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

|                                                   |      |
|---------------------------------------------------|------|
| SIGNATURE                                         | DATE |
| Filing Fee is \$50.00 Due by May 1, 2004          |      |
| Make check payable to Florida Department of State |      |

| 9. MANAGING MEMBERS/MANAGERS                   |                                                                                                       | 10. ADDITIONS/CHANGES                          |                                                                                                                                                                          |
|------------------------------------------------|-------------------------------------------------------------------------------------------------------|------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | President<br>Jay Tower<br>8810 Eagle Watch Dr.<br>Riverview, FL 33569 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | President<br>Jay Tower<br>8810 Eagle Watch Dr.<br>Riverview, FL 33569 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Secretary/Treasurer<br>Michael Howard<br>5510 West Lasalle St., Suite 200<br>Tampa FL 33602 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Vice President<br>Christine Tower<br>8810 Eagle Watch Drive<br>Riverview, FL 33569 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                        |

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

|                                                                                                       |          |              |
|-------------------------------------------------------------------------------------------------------|----------|--------------|
| SIGNATURE: <u>Michael Howard</u> Michael Howard                                                       | 03/25/04 | 813-226-2333 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE |          |              |